

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G321		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/17/2012	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 335 WESTERN ROW DILLSBORO, IN 47018			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{W 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a post certification revisit (PCR) to the annual fundamental recertification and state licensure survey completed on 11/30/2011.</p> <p>This survey was done in conjunction with a PCR to the investigation of complaint #IN00099206.</p> <p>Dates of survey: February 16 and 17, 2012.</p> <p>Facility Number: 000839 Provider Number: 15G321 AIM Number: 100244000</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Res Care Community Alternatives Southeast Indiana Inc. was found to be in compliance with 42 CFR part 483, subpart I and with 460 IAC 9 regarding the PCR to the annual fundamental recertification and state licensure survey.</p> <p>Quality Review completed 2/20/12 by Ruth Shackelford, Medical Surveyor III.</p>			{W 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.